

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>LIBERTY AND LEADERSHIP FUND</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00554782		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Data Targeting, Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 02 / 28 / 2014		
Mailing Address 6211 NW 132nd Street			Amount <span style="border: 1px solid black; padding: 2px;">1850.00</span>		
City Gainesville	State FL	Zip Code 32653	Transaction ID : SE.4120 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 02 / 28 / 2014		
Purpose of Expenditure Website Development and Hosting		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">60550.00</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		
Full Name of Payee <b>Mentzer Media Services, Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 02 / 28 / 2014		
Mailing Address 600 Fairmount Avenue Suite 306			Amount <span style="border: 1px solid black; padding: 2px;">45700.00</span>		
City Towson	State MD	Zip Code 21286	Transaction ID : SE.4111 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 02 / 28 / 2014		
Purpose of Expenditure Television Ads		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">45700.00</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">47550.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>William Stafford Jones</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 02 / 28 / 2014	

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>LIBERTY AND LEADERSHIP FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00554782	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>The Victory Group, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 28 / 2014</b>	
Mailing Address 1220 Hillshire Rd.		Amount 13000.00	
City Baltimore	State MD	Zip Code 21222	Transaction ID : SE.4116
Purpose of Expenditure Television Ad Production	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 28 / 2014</b>	
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 58700.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	60550.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William Stafford Jones

[Electronically Filed]

Date

MM / DD / YYYY  
02 / 28 / 2014

Signature